



February 20, 2004

ENGROSSED SENATE BILL No. 24

DIGEST OF SB 24 (Updated February 18, 2004 12:02 pm - DI 97)

Citations Affected: IC 27-8; IC 27-13.

Synopsis: Health care provider credentialing. Specifies a credentialing application form for use in accident and sickness insurer and health maintenance organization provider credentialing activities and requires certain provider notifications. Exempts certain providers.

Effective: July 1, 2004.

Gard

(HOUSE SPONSORS — PELATH, BECKER)

November 18, 2003, read first time and referred to Committee on Rules and Legislative Procedure.

January 15, 2004, amended; reassigned to Committee on Health and Provider Services.

January 29, 2004, reported favorably — Do Pass.

February 3, 2004, read second time, amended, ordered engrossed.

February 4, 2004, engrossed. Read third time, passed. Yeas 49, nays 0.

HOUSE ACTION

February 6, 2004, read first time and referred to Committee on Insurance, Corporations and Small Business.

February 19, 2004, amended, reported — Do Pass.

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ES 24—LS 6037/DI 13+



February 20, 2004

Second Regular Session 113th General Assembly (2004)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2003 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 24

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 27-8-11-1 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 1. ~~As used in (a) The~~
3 **definitions in this section apply throughout** this chapter.

4 **(b) "Credentialing" means a process through which an insurer**
5 **makes a determination:**

6 **(1) based on criteria established by the insurer; and**

7 **(2) concerning whether a provider is eligible to:**

8 **(A) provide health care services to an insured; and**

9 **(B) receive reimbursement for the health care services;**

10 **under an agreement entered into between the provider and**
11 **the insurer under section 3 of this chapter.**

12 **(c) "Health care services":**

13 **(1) means health care related services or products rendered or**
14 **sold by a provider within the scope of the provider's license or**
15 **legal authorization; and**

16 **(2) includes hospital, medical, surgical, dental, vision, and**
17 **pharmaceutical services or products.**

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(d) "Insured" means an individual entitled to reimbursement for expenses of health care services under a policy issued or administered by an insurer.

(e) "Insurer" means an insurance company authorized in this state to issue policies that provide reimbursement for expenses of health care services.

(f) "Person" means an individual, an agency, a political subdivision, a partnership, a corporation, an association, or any other entity.

(g) "Preferred provider plan" means an undertaking to enter into agreements with providers relating to terms and conditions of reimbursements for the health care services of insureds, members, or enrollees relating to the amounts to be charged to insureds, members, or enrollees for health care services.

(h) "Provider" means an individual or entity duly licensed or legally authorized to provide health care services.

SECTION 2. IC 27-8-11-7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: **Sec. 7. (a) This section applies to an insurer that issues or administers a policy that provides coverage for basic health care services (as defined in IC 27-13-1-4).**

(b) The department of insurance shall prescribe the credentialing application form used by the Council for Affordable Quality Healthcare (CAQH) in electronic or paper format, which must be used by:

- (1) a provider who applies for credentialing by an insurer;**
- and**
- (2) an insurer that performs credentialing activities.**

(c) An insurer shall notify a provider concerning a deficiency on a completed credentialing application form submitted by the provider not later than fourteen (14) business days after the insurer receives the completed credentialing application form.

(d) An insurer shall notify a provider concerning the status of the provider's completed application for credentialing not later than:

- (1) sixty (60) days after the insurer receives the completed credentialing application form; and**
- (2) every thirty (30) days after the notice is provided under subdivision (1), until the insurer makes a final credentialing determination concerning the provider.**

SECTION 3. IC 27-13-1-10.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: **Sec. 10.5. "Credentialing" means a**

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process through which a health maintenance organization makes a determination:

- (1) based on criteria established by the health maintenance organization; and
- (2) concerning whether a provider may serve as a participating provider.

SECTION 4. IC 27-13-43 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]:

Chapter 43. Credentialing

Sec. 1. (a) Except as provided in subsection (b), this chapter applies to a health maintenance organization that provides basic health care services.

(b) This chapter does not apply to the credentialing of a provider by a health maintenance organization if the provider's application for credentialing is only for purposes of providing health care services to:

- (1) a Medicaid recipient under a Medicaid risk based managed care program described in IC 12-15-12; or
- (2) an individual who is covered under the children's health insurance program established under IC 12-17.6-2.

Sec. 2. (a) The department shall prescribe the credentialing application form used by the Council for Affordable Quality Healthcare (CAQH) in electronic or paper format, which must be used by:

- (1) a provider who applies for credentialing by a health maintenance organization; and
- (2) a health maintenance organization that performs credentialing activities.

(b) A health maintenance organization shall notify a provider concerning a deficiency on a completed credentialing application form submitted by the provider not later than fourteen (14) business days after the health maintenance organization receives the completed credentialing application form.

(c) A health maintenance organization shall notify a provider concerning the status of the provider's completed application for credentialing not later than:

- (1) sixty (60) days after the health maintenance organization receives the completed credentialing application form; and
- (2) every thirty (30) days after the notice is provided under subdivision (1), until the health maintenance organization makes a final credentialing determination concerning the

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SENATE MOTION

Madam President: I move that Senator Garton be removed as author of Senate Bill 24 and that Senator Gard be substituted therefor.

GARTON

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COMMITTEE REPORT

Madam President: The Senate Committee on Rules and Legislative Procedure, to which was referred Senate Bill No. 24, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Delete everything after the enacting clause and insert the following:

(SEE TEXT OF BILL)

and when so amended that said bill be reassigned to the Senate Committee on Health and Provider Services.

(Reference is to SB 24 as introduced.)

GARTON, Chairperson

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 24, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to Senate Bill 24 as printed January 16, 2004.)

MILLER, Chairperson

Committee Vote: Yeas 8, Nays 0.

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SENATE MOTION

Madam President: I move that Senate Bill 24 be amended to read as follows:

Page 2, line 21, delete "a" and insert "**the**".

Page 2, line 22, delete "for use" and insert "**used by the Council for Affordable Quality Healthcare (CAQH) in electronic or paper format, which shall be used**".

Page 2, line 28, delete "seven (7)" and insert "**fourteen (14)**".

Page 2, line 31, after "provider's" insert "**completed**".

Page 2, line 32, delete "forty-five (45)" and insert "**sixty (60)**".

Page 2, line 33, before "credentialing" insert "**completed**".

Page 3, line 10, delete "a" and insert "**the**".

Page 3, line 11, delete "for use" and insert "**used by the Council for Affordable Quality Healthcare (CAQH) in electronic or paper format, which shall be used**".

Page 3, line 18, delete "seven (7)" and insert "**fourteen (14)**".

Page 3, line 22, after "provider's" insert "**completed**".

Page 3, line 24, delete "forty-five (45)" and insert "**sixty (60)**".

Page 3, line 25, after "the" insert "**completed**".

(Reference is to SB 24 as printed January 30, 2004.)

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, Corporations and Small Business, to which was referred Senate Bill 24, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, line 24, delete "shall" and insert "**must**".

Page 2, line 27, delete "in performing" and insert "**that performs**".

Page 2, line 29, after "a" insert "**completed**".

Page 2, line 30, after "receives the" insert "**completed**".

Page 3, line 11, delete "This" and insert "**(a) Except as provided in subsection (b), this**".

Page 3, between lines 12 and 13, begin a new paragraph and insert:

"(b) This chapter does not apply to the credentialing of a provider by a health maintenance organization if the provider's application for credentialing is only for purposes of providing health care services to:

(1) a Medicaid recipient under a Medicaid risk based managed care program described in IC 12-15-12; or

(2) an individual who is covered under the children's health insurance program established under IC 12-17.6-2."

Page 3, line 15, delete "shall" and insert "**must**".

Page 3, line 19, delete "in performing" and insert "**that performs**".

Page 3, line 22, after "on a" insert "**completed**".

Page 3, line 24, after "receives the" insert "**completed**".

and when so amended that said bill do pass.

(Reference is to SB 24 as reprinted February 4, 2004.)

FRY, Chair

Committee Vote: yeas 12, nays 0.

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